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Sib Data Sheet

CONFIRMATION NO. 8205

SERIAL NUMBER 09/876,690	FILING DATE 06/07/2001 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. US010390
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APPLICANTS

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** CONTINUING DATA *** *NO*** FOREIGN APPLICATIONS *** *NO*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/06/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i>	<i>[Initials]</i>			
Examiner's Signature					

ADDRESS

29139

TITLE

System for enabling the reconsideration of a medical study based on the arrival of new information

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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